PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/566,525			ing Date 19/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR				NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
Ø	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A	150	i	N/A	TLE (6)
П	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A	
H	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A				ł	N/A	
TO	(37 CFR 1.16(a), (p),				, N/A		N/A				
(37 CFR 1.16(i)) INDEPENDENT CLAIMS			minus 20 = *				x \$ =		OR		
	CFR 1.16(h))		minus 3 = *		•		x \$ =		ı	x \$ =	
☐APPLICATION SIZE FEE (37 CFR 1.16(s))			ets of pap 250 (\$125 tional 50	er, the application for small ent sheets or fraction	wings exceed 100 ation size fee due ity) for each ction thereof. See 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	150	1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	09/22/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1 160))	• 12	Minus	~ 20	= 0		X \$25 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0		X \$105 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))								П		
۸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,18(i))		Minus	**	=		x \$ =		OR	x \$ =	
Σ	Independent (37 CFR 1,16(h))		Minus	***	=		x \$ =		OR	x s =	
ᇳ	Application Size Fee (37 CFR 1.16(s))]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
	, ·								OR	TOTAL ADD'L FEE	
* If the entry in column 1 is leas than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2" * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The Description of Information is recovered by 32 CFE 11.6 In the information is nowned and abortific the laughtie which is to file (and by the USPTO) to											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public within is not lie (and by the USFTO to process) an application. Confidentiality is govered by 80 USS c.12 and 37 CFR 1.14. This collection is estimated to bette 2 trainities to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, VA 2213-31450.